

| | | | | |
|------------------------|---------------|--------|-------|---------------------|
| 1 XXX XX XXXX | 2 NAME | 3 680 | 4 370 | 5 |
| Social Security Number | Employee Name | Agency | Unit | Current PCFD Code # |

PLEASE TYPE OR PRINT LEGIBLY, USING A BALL POINT PEN
PLEASE INDICATE HOW YOUR PAYROLL DEDUCTION SHOULD BE PROCESSED

A. ☒ NEW PAYROLL DEDUCTION

New donors must specify a PCFD to manage your donation. See back of this form for a list of PCFDs. Place the new PCFD Code # in Box 6 to the right. Place your monthly deduction amount to the right of Box 6.

| | |
|-----------------|----------------------------|
| 6 0 2 2 | \$ 2.00 |
| New PCFD Code # | Total monthly contribution |

B. ☐ CHANGE MY EXISTING DEDUCTION AMOUNT

I wish to change my monthly payroll deduction to the amount listed in the box to the right. Checking this box will cancel previous designations.

| |
|----------------------------|
| \$ |
| Total monthly contribution |

C. ☐ DELETE, I NO LONGER WISH TO CONTRIBUTE Funds will no longer be deducted.

D. ☐ CHANGE MY PRINCIPAL COMBINED FUND DRIVE (PCFD)

I wish to change the PCFD which manages my donation. See back of this form for a list of PCFDs. Place the new PCFD Code # in Box 7 to the right. Place your monthly deduction amount to the right. Checking this box will cancel previous designations.

| | |
|-----------------|----------------------------|
| 7 | \$ |
| New PCFD Code # | Total monthly contribution |

E. ☐ CONTINUE MY EXISTING DEDUCTION

My monthly payroll deduction amount will remain the same. The organizations I contribute to will remain as previously directed unless I change them in section G below.

F. I authorize the STATE CONTROLLER to process the payroll deduction selection listed above.

Signature

date

SIGNATURE REQUIRED (INK ONLY)

DATE

SECTION BELOW AUTHORIZES YOUR DESIGNATION SELECTION FOR PCFD AGENCY USE (OPTIONAL):

DESIGNATION(S) TO SPECIFIC ORGANIZATIONS APPROVED AND LISTED IN THE DONOR RESOURCE GUIDE

An employee has the right to designate all or part of their contribution to the charitable organization(s) of their choice. Any undesignated portion will be distributed to charitable organizations by the local PCFD volunteer committee.

G. ☒ I WISH TO MAKE THE FOLLOWING DESIGNATION(S):

| Organization Name(s): | Organization Code # | Amount Per Month (\$2 Minimum per organization) | Check for 1 year only* |
|---|---|---|------------------------|
| 1 United Way Worldwide - Haiti | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |
| 4 | | \$ | |
| 5 | | \$ | |
| Write-In Organization Information An organization not approved by the Victim Compensation and Government Claims Board, but is a 501(c)(3) non-profit organization. | | Amount Per Month (\$2 Minimum per organization) | Check for 1 year only* |
| Organization Name (Required) | Amount of Write-In → | \$ | |
| Address (Required) | TOTAL ALL Monthly Designations → | | \$ 2.00 |
| City/State/Zip (Required) | | | |
| Phone Number | | Tax Identification Number | |
| * Check this box if you want your donation to go to the designated organization(s) you've selected for one year only and then to the PCFD agency managing your donation until you instruct otherwise. | | | |

H. ☐ This is a one-time check/cash contribution for the total amount of \$ (Please make check payable to: CSECC)

I. ☐ If you wish to have the PCFD acknowledge your donation, please complete the information below. Acknowledgment information must be provided on an annual basis.

Please write preferred name(s) for recognition acknowledgements if different than above.

Home Address City State Zip Code

Phone Number Email Address

J. ☐ I authorize the PCFD to distribute my contributions as stated above.

Signature

date

SIGNATURE REQUIRED (INK ONLY)

DATE

K. ☐ DECLINE — I HAVE NO CURRENT DEDUCTIONS AND DO NOT WISH TO CONTRIBUTE AT THIS TIME (please initial)

Remember, if you have a current deduction, you must check box C above, and sign line F. Initials alone will not discontinue your deduction.



★ CALIFORNIA STATE EMPLOYEES ★
CHARITABLE CAMPAIGN

CSECC PLEDGE FORM

Please retain a copy of this form for your tax records.

California Government Code §13923 requires that every State employee receive this pledge form. Your signature on line F, or initials on line K will verify that this requirement has been met.

Minimum deduction is \$2.00 per month. All deductions will continue unless you revoke or change them.

NOTE: Checking B or D will cancel previous designations.

In addition to donating to these worthy charitable causes, please also remember to donate your time. Visit CaliforniaVolunteers.org to find meaningful volunteer opportunities in your community.